

PTO/SB/21 (09-04)

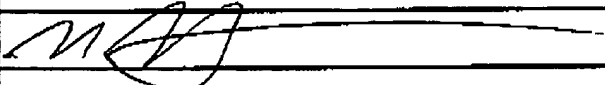
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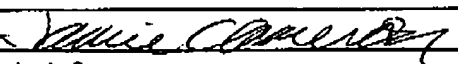
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/998,569	<b>RECEIVED CENTRAL FAX CENTER</b>
	Confirmation Number	7850	
	Filing Date	11/16/2001	<b>APR 26 2006</b>
	First Named Inventor	Warren Cope	
	Art Unit	2617	
	Examiner Name	David R. Osteen	
Total Number of Pages in This Submission	18	Attorney Docket Number	1591

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<b>Remarks</b> It is believed that no additional fees are due in this matter. However, if it is determined that additional fees are due, the Commissioner is authorized to debit Deposit Account No. 210765 for the required fees.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Setter Ollila LLC		
Signature			
Printed Name	Michael J. Setter		
Date	4/26/2006	Reg. No.	37,936

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Typed or printed name	Jamie Cameron	Date	4/26/2006

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